



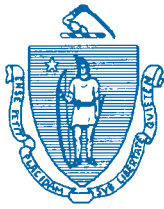
2006-2007

Group Insurance Commission

Guide to Select & Save Plans

choose
decide
save

Changes to most GIC
Non-Medicare Plans
Effective July 1, 2006



The Commonwealth of Massachusetts Group Insurance Commission

P.O. Box 8747
Boston, Massachusetts 02114-8747



(617) 727-2310
Fax (617) 227-2681
TTY (617) 227-8583
www.mass.gov/gic

Spring 2006

Dear GIC Member:

I am very pleased to provide you with this guide to our Select & Save plans; an important part of the GIC's Clinical Performance Improvement (CPI) Initiative.

I strongly believe in the positive impact quality, cost-effective health care can have on our lives and on the alarming problem of affordable health care. That's why we at the Group Insurance Commission began our Clinical Performance Improvement (CPI) Initiative three years ago. Our Select & Save health plans, which are described in this guide, are an important part of this initiative.

With the right information – about provider quality and cost effectiveness – we can all make better decisions about the health plans we join, the providers we choose to treat us and the price we pay for health care services.

Through this initiative, we are:

- Making available to you information on the quality and cost efficiency of Massachusetts hospitals, physicians and specialists
- Working with health plans to design plans that reward members for using top notch health care providers
- Sending a powerful message in support of public reporting of health care provider performance

This guide focuses on the new plan designs – called “Tiers” – our Select & Save health plans have created. Provider tiers encourage you to use health care providers with a proven track record of delivering the most cost-efficient, “best practice” care. When you use Tier 1 preferred providers, you pay lower co-pays.

I encourage you to see how your Select & Save plan has designed its preferred provider features, and research how other GIC plans are designing their provider tiers. Once you have selected a plan that best meets your needs, consider using Tier 1 providers whenever you can.

It's good for your health and helps combat the rising cost of health care.

Very truly yours,

Dolores L. Mitchell
Executive Director

Improving How We Choose and Use Health Care

Three years ago, the GIC embarked on a program called the Clinical Performance Improvement (CPI) Initiative to address the wide disparity in physician and hospital performance, as well as an alarming rise in health care costs. Our goal was to increase transparency in health care cost and quality so that you can have more facts when making health care decisions and choosing health care services.

The GIC's Clinical Performance Improvement Initiative Preserves Choice and Benefits

Some employers have tried to address the rising cost of health care by moving to high deductible plans, where employees must pay the first \$1,000 to \$2,000 of their care. Other employers have discontinued or drastically reduced coverage, particularly for retirees. The GIC's CPI Initiative offers an alternative to these measures that will help preserve comprehensive benefit levels and choice, while improving health care quality and cost effectiveness.

We have been gathering and analyzing data about health providers to quantify differences in care. We have provided the results of our analysis to our health plans, and they have used this information to develop benefit plans that reward you, through modest co-pay differentials, for choosing quality, cost-effective care. Over the last two years, we introduced new (Non-Medicare) Select & Save plans that include selective networks and "tiered" hospital networks that encourage members to use quality, cost-effective clinicians and facilities.

Select & Save Plan Enhancements for 2006

This year, we are enhancing our Select & Save plans. Based on new physician data provided to our health plans, each of our health plans created its own benefit design. Through a process called "tiering," some plans are reducing co-pays for their highest performing primary care physicians, and others are reducing co-pays for their highest performing specialists. This year, you will have access to more provider information to help you choose wisely and a modest co-pay incentive to use physicians who practice cost-effective medicine. Select & Save plan members may access all of the providers in their health plan's network – regardless of the provider's tier.

An overview of each Select & Save plan follows, as well as highlights of "What You Need to Know" about the new Select & Save plan tiering features. You'll also find a new Select & Save benefits-at-a-glance chart in the center of this brochure that compares the co-pays for each plan's primary care physicians, specialists and hospitals. For detailed information about how the plans have tiered providers, and which providers are in which tier, contact the health plans (contact information is provided in the chart on pages 4-5).

Reducing the Leg Work in Tracking Down Quality, Efficient Care

The complexity of the health care system can be overwhelming. That's why we have done some of the "leg work" for you. By gathering, analyzing and sharing provider quality and efficiency data with the Select & Save plans, the GIC has paved the way to help you find top tier providers.



What You Need to Know about Provider “Tiering”

Health provider “tiering” is the latest step in our CPI Initiative to help you make more informed health care decisions based on efficiency, quality and cost. It refers to the level or “tier” that a health plan places certain clinicians based upon the quality of the care they provide and their judicious use of medical resources for certain conditions.

The GIC worked with its eight Select & Save health plans to gather a vast amount of claims data – more than 9 million episodes of care – on health care providers in each plan. The GIC then hired outside experts to analyze the data based on two key factors:

- Quality of care provided
- Providers’ cost-effective use of resources

The GIC gave each Select & Save plan the results of this analysis for the health care providers in their networks. Based on these data and the plan’s own information, each plan designed a “tiering” system for their Select & Save plans to encourage members to use “top” tier providers. As you will see on the following pages, the tiering designs vary by plan – but they all support the same goals: to encourage and reward the use of providers with a proven track record of delivering quality, cost-efficient health care; and to encourage providers to provide quality, cost-efficient care.

So what does this all mean to you? A lot! Here are the most important things to keep in mind as you choose a health plan and decide which doctors to use.

How Can I Benefit from Using Top Tier Providers?

First, you’ll pay less. Co-pays for using Tier 1 providers are lower than for other providers. And, you’ll be treated by health professionals who our plans have identified as top practitioners. You will also be playing an important role in slowing the rising cost of health care and promoting good health and sound medical care.

What Does “Quality of Care” Mean?

The CPI Initiative uses national measures for best practices based on specific health conditions to determine “quality of care.” For example, quality care for diabetics includes annual eye exams. Quality care for children includes providing the appropriate type of immunizations at regular intervals. The GIC’s quality analysis looks at claims data to determine how closely a provider adheres to these best practices.

What Does “Cost-Efficient Use of Resources” Mean?

Under the CPI Initiative, “cost effectiveness” is measured by episodes of care. An “episode” spans the full length of treatment for a health condition – from start to finish. For example, a maternity episode typically begins with the initial diagnosis of pregnancy and ends when the mother is discharged from the hospital after delivery. A maternity episode can involve many different health services – office visits, ultrasounds and other tests, hospitalization and lactation coaching. Cost effectiveness is measured by comparing providers’ use of medical services for managing similar episodes of care.

What Do I Need to Consider Because of Provider Tiering?

EVENT	CONSIDERATION
Annual Enrollment	<ul style="list-style-type: none">■ How is your Select & Save plan going to tier health care provider services?■ Are your health care providers in Tier 1?<ul style="list-style-type: none">□ If not, how important is this to you? You may want to see if your provider participates in another health plan’s Tier 1. <p><i>If you are comfortable, discuss the tier system with your health care provider.</i></p>
When you need health care services	<ul style="list-style-type: none">■ Confirm what tier your provider is in, if applicable.■ You may want to explore other options from among the top tier providers if you are seeing a doctor whose rating is not in Tier 1.

Who Can Answer My Questions?

Your health plan customer service representatives can answer your plan-specific questions. Each plan’s contact information is in the chart on pages 4 and 5.

If you have general questions about your GIC benefits, contact your agency’s GIC Coordinator or the GIC (617.727.2310, ext. 1; www.mass.gov/gic).

Improving Overall Quality of Care

Over time, provider tiering will benefit everyone – GIC employees, retirees, their families and other Massachusetts residents – adding additional motivation to health care providers to improve the quality and cost effectiveness of the care they deliver.

Careful use of appropriate resources for comparable types of care = highest cost-effectiveness rating

Commonwealth Indemnity Plan Community Choice

The Commonwealth Indemnity Plan Community Choice, administered by UNICARE, is a PPO-type plan, which does not require members to select a primary care physician (PCP) or obtain referrals for specialists.

The Plan features a selective network of hospitals, primarily community-based hospitals, as well as three tertiary hospitals. For certain complex procedures, additional major teaching hospitals in Massachusetts that have extensive experience in these procedures are also available.

Members have access to any Massachusetts physician. Members pay lower co-pays if they seek care from more efficient and higher quality physicians.

HEALTH CARE SERVICE	TIER 1	TIER 2
Physician office visit co-pay	\$10	\$20

Commonwealth Indemnity Plan PLUS

The Commonwealth Indemnity Plan PLUS, administered by UNICARE, is a PPO-type plan, which does not require members to select a primary care physician (PCP) or obtain referrals for specialists. The Plan features a broad network of hospitals and physicians. Inpatient hospital services at Massachusetts hospitals are scored based primarily on cost efficiency. You pay a lower deductible when you visit a Tier 1 hospital.

INPATIENT HOSPITAL CARE	TIER 1	TIER 2
Inpatient hospital care deductible	\$200	\$400

Members pay lower co-pays if they seek care from more efficient and higher quality physicians.

HEALTH CARE SERVICE	TIER 1	TIER 2
Physician office visit co-pay	\$10	\$20

Questions You May Want to Ask Your Health Plan

- How can I find the Tier 1 providers in the plan?
- Are the Tier 1 health care providers open to new patients?
- Do the health care providers know which tier they are in?

Benefits-at-a-Glance: SELECT & SAVE In-Network Benefits

This chart is a comparative overview of in-network plan co-pays for physician office visits and inpatient hospital care. Contact your plan, and other plans you are considering, to see which tier your doctors are in.

Medical providers – doctors, hospitals and other care givers – vary in their use of medical resources and



HEALTH PLAN	COMMONWEALTH INDEMNITY PLAN COMMUNITY CHOICE	COMMONWEALTH INDEMNITY PLAN PLUS
PROVIDER	UNICARE	UNICARE
TELEPHONE NUMBER	1.800.442.9300	1.800.442.9300
WEBSITE	www.unicare-cip.com	www.unicare-cip.com
Primary Care Physician (PCP) Office Visit	Primary Care physicians include physicians with specialties in internal medicine, family	
Tier 1	100%, after \$10 per visit	100%, after \$10 per visit
Tier 2	100%, after \$20 per visit	100%, after \$20 per visit
Tier 3	No tier 3	No tier 3
Specialist Physician Office Visit		
Tier 1	100%, after \$10 per visit	100%, after \$10 per visit
Tier 2	100%, after \$20 per visit	100%, after \$20 per visit
Inpatient Hospital Care		
Tier 1	100%, after \$200 per admission	100%, after \$200 per admission
Tier 2	No tiering	100%, after \$400 per admission
Tier 3	No tiering	No tier 3
	Maximum one deductible per calendar quarter per person	

HEALTH PLAN	HARVARD PILGRIM INDEPENDENCE PLAN	HEALTH NEW ENGLAND
PROVIDER	HARVARD PILGRIM HEALTH CARE	HEALTH NEW ENGLAND
TELEPHONE NUMBER	1.800.542.1499	1.800.842.4464
WEBSITE	www.harvardpilgrim.org/gic	www.hne.com
Primary Care Physician (PCP) Office Visit	Primary Care physicians include physicians with specialties in internal medicine, family	
Tier 1	100%, after \$15 per visit	100%, after \$10 per visit
Tier 2	No tiering	100%, after \$15 per visit
Tier 3	No tiering	100%, after \$25 per visit
Specialist Physician Office Visit		
Tier 1	100%, after \$15 per visit ³	100%, after \$15 per visit
Tier 2	100%, after \$25 per visit ³	No tiering
Inpatient Hospital Care		
Tier 1	100%, after \$400 per admission	100%, after \$200 per admission
Tier 2	No tiering	No tiering
Tier 3	No tiering	No tiering
	Maximum 4 co-pays annually per person	

¹ Fallon Community Health Plan Select Care calls its physician tiers Value Plus (tier 1) and Value (tier 2); Tiers for all services are based on the Primary Care Physician's tier.

² Co-pays for OB/GYNs in Community Choice, PLUS, Harvard Independence and Tufts Navigator are the same as co-pays for PCPs.

³ Harvard Pilgrim Independence Plan tiers the following Massachusetts specialists into tier 1 or tier 2: Cardiology, Orthopedics, General Surgery, Gastroenterology, Dermatology. All other specialists are in tier 2.



overall quality of care. Our Select & Save plans give you information about these variances and give you co-pay incentives for choosing high quality and/or cost-effective providers or limited provider networks. Each plan has its own groupings of providers that meet and exceed quality and/or cost effectiveness thresholds.

FALLON COMMUNITY HEALTH PLAN DIRECT CARE	FALLON COMMUNITY HEALTH PLAN SELECT CARE ¹
FALLON COMMUNITY HEALTH PLAN	FALLON COMMUNITY HEALTH PLAN
1.866.344.4442	1.866.344.4442
www.fchp.org	www.fchp.org

practice, pediatrics and in some plans OB/GYN². Contact the plans for details.

100%, after \$10 per visit Child Preventive Care: 100%	100%, after \$15 per visit Child Preventive Care: 100%, after \$5 per visit
No tiering	100%, after \$20 per visit Child Preventive Care: 100%, after \$10 per visit
No tiering	No tier 3

100%, after \$15 per visit	100%, after \$20 per visit
No tiering	100%, after \$25 per visit

100%, after \$200 per admission	100%, after \$250 per admission
No tiering	100%, after \$300 per admission
No tiering	No tier 3
Maximum 4 co-pays annually per person	

NAVIGATOR BY TUFTS HEALTH PLAN	NHP COMMUNITY CARE
TUFTS HEALTH PLAN	NEIGHBORHOOD HEALTH PLAN
1.800.870.9488	1.800.462.5449
www.tuftshealthplan.com/gic	www.nhp.org

practice, pediatrics and in some plans OB/GYN². Contact the plans for details.

100%, after \$15 per visit	100%, after \$10 per visit
No tiering	No tiering
No tiering	No tiering

100%, after \$15 per visit ⁴	100%, after \$10 per visit
100%, after \$25 per visit ⁴	No tiering

Adult: 100%, after \$150 per admission Child: 100%, after \$200 per admission ⁵	100%, after \$200 per admission
Adult: 100%, after \$300 per admission Child: 100%, after \$400 per admission ⁵	No tiering
Adult: 100%, after \$500 per admission; Child: No tier 3 ⁵	No tiering
Maximum 4 co-pays annually per person	

⁴ Tufts Health Plan tiers the following surgeons based on their hospital affiliation's quality-cost score: General, Hand, Orthopedic, Neurology, Thoracic, General Vascular, Plastic and Reconstructive, Colon and Rectal, and Urology. All other specialists are in tier 2.

⁵ Tufts Health Plan groups its hospitals by adult medical/surgical services and obstetrics, which are called Level I: best quality-cost score, Level II: better quality-cost score, Level III: good quality-cost score. Pediatric hospitals are grouped by Level I: best quality-cost score and Level II: better quality-cost score.

Fallon Community Health Plan Direct Care

Fallon Community Health Plan Direct Care is an HMO, which requires the selection of a PCP to coordinate care and obtain referrals for specialists. The Plan offers a selective network of providers based at 45 facilities: Acton Medical Associates, Charles River Medical Associates, Fallon Clinics and Southboro Medical Group. Members must receive care in-network, with the exception of emergency care. While Fallon Direct Care does not have a provider tier structure, it has a selective network of hospitals and physicians located in Central Massachusetts. Co-pay examples are listed below:

HEALTH CARE SERVICE	SELECTIVE NETWORK
PCP office visit co-pay	\$10
Inpatient hospital care admission co-pay	\$200
Outpatient surgery co-pay	\$75

Fallon Community Health Plan Select Care

Fallon Community Health Plan Select Care is an HMO based in Central and parts of Eastern Massachusetts. HMOs require the selection of a PCP to coordinate care and obtain referrals for specialists. Members must receive care in-network, with the exception of emergency care.

Fallon Community Health Plan's Select Care option features a two-tier primary care physician (PCP) network. Members who seek care from Tier 1 PCPs (called Value Plus) will pay a lower co-pay than members seeking care from Tier 2 PCPs (called Value). Additionally, the tier of a PCP affects co-payments for other services as listed below.

- Value Plus – Use the PCPs in this preferred tier and pay lower co-pays for several types of services
- Value – Use the PCPs in this non-preferred tier and pay slightly higher co-pays

HEALTH CARE SERVICE	TIER 1 – VALUE PLUS	TIER 2 – VALUE
PCP visit co-pay	\$15	\$20
Pediatric wellness visit co-pay	\$ 5	\$10
Specialist visit co-pay	\$20	\$25
Outpatient surgery co-pay	\$100	\$125
Inpatient hospital care co-pay	\$250	\$300



Harvard Pilgrim Independence Plan

The current Harvard Pilgrim Point of Service (POS) plan is changing to a Preferred Provider Organization (PPO) plan, called the Harvard Pilgrim Independence Plan. *If you currently are a member of Harvard Pilgrim Health Care POS, you will be enrolled automatically in the Harvard Pilgrim Independence Plan, unless you choose otherwise during annual enrollment.*

The **Harvard Pilgrim Independence Plan** features:

- Two-tier networks for five physician specialties based on the cost effectiveness of their practices. Members seeing a Tier 1 specialist will pay a lower co-pay than for Tier 2 specialists, and for other specialists who are not subject to tiering.
- You are no longer required to select a PCP or obtain referrals for specialists

PHYSICIAN SPECIALTIES	TIER 1	TIER 2
Cardiology Dermatology Gastroenterology General Surgery Orthopedics	\$15 co-pay	\$25 co-pay
Other specialties not subject to tiering	N/A	\$25 co-pay

Health New England

Health New England is an HMO based in Western Massachusetts, which requires the selection of a PCP to coordinate care and obtain referrals for specialists. Members must receive care in-network, with the exception of emergency care. Health New England will introduce a three-tier primary care physician (PCP) network:

- The higher the PCP practice's quality of care and cost effectiveness, the lower your co-pay

PRIMARY CARE PHYSICIANS	TIER 1	TIER 2	TIER 3
Primary care physician (PCP) visit co-pay	\$10	\$15	\$25
Pediatric visit co-pay	\$10	\$15	\$25

Is Provider Tiering Common?

Provider “tiering” is a fairly new concept – the GIC is leading the way in Massachusetts – but will likely become much more prevalent in the near future. In fact, all of the national carriers (CIGNA, Aetna, United Healthcare and some BlueCross BlueShield plans) have tiered networks in different parts of the country.

Navigator by Tufts Health Plan

Navigator by Tufts Health Plan is a PPO, which does not require members to select a primary care physician (PCP) or obtain referrals for specialists. Members can get care from non-network providers with lower benefits. The Plan features a tiered hospital network based on quality and cost effectiveness:

HOSPITALS	TIER 1 (best quality-cost score)	TIER 2 (better quality-cost score)	TIER 3 (good quality-cost score)
Adult medical surgical services and obstetrics	\$150 co-pay	\$300 co-pay	\$500 co-pay
Pediatric hospitals	\$200 co-pay	\$400 co-pay	No tier 3

Navigator by Tufts Health Plan will have a two-tiered network for surgical specialists.

- Surgeons with Tier 1 hospital affiliation – use the specialty surgeons with these hospital affiliations and pay a lower co-pay
- Surgeons with Tier 2 and Tier 3 hospital affiliation – use the specialty surgeons with these hospital affiliations, or see other specialists not subject to tiering, and pay a higher co-pay

SPECIALISTS	TIER 1 (Affiliated with Tier 1 Hospital)	TIER 2 (Affiliated with Tier 2 or 3 Hospital)
Surgeons: Colon and Rectal General General Vascular Hand Neurology Orthopedic Thoracic Plastic and Reconstructive Urology	\$15 co-pay	\$25 co-pay
Other specialists not subject to tiering	N/A	\$25 co-pay

NHP Community Care

Neighborhood Health Plan will offer a new Select & Save Plan called NHP Community Care. Members must receive care in-network, with the exception of emergency care. HMO plans require the selection of a PCP to coordinate care and obtain referrals for specialists.

While the NHP Community Care Plan does not have tiered providers, it has a selective network with primary care physicians based at NHP's 49 Community Health Centers and 14 Harvard Vanguard Medical Associates sites. Community Care Plan co-pays and monthly premium are lower than the NHP Care plan (co-pay examples):

HEALTH CARE SERVICE	SELECTIVE NETWORK
Physician office visit co-pay	\$10
Inpatient hospital care admission co-pay	\$200
Outpatient surgery co-pay	\$75

We've Succeeded When...

- ... GIC employees, retirees and their families are getting high quality, cost-effective and affordable health care services
- ... More Massachusetts providers qualify for Tier 1 ratings.

Where do I find more details about plan benefits?

An overview of all GIC health plans is in your *GIC Benefit Decision Guide*. Employees receive this at their agency; retirees receive these at home. The guides are also available on our website www.mass.gov/gic. For details about each health plan, including which hospitals and doctors are in which tiers, contact the individual health plan. Health plan contact information is on pages 4-5.



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